FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500055641 (1)

GLOBALNET CONNECTIONS INC.

Principal Place of Business Mailing Address					_					
						I INDISABLEIN IRINI NINI NAIT ARITE MOIN		IIE BILII BIAC	(I FIGI 188)	
2323 DEL PRADO BLVD. #13 CAPE CORAL FL 33890 US		2323 DEL PRADO BLVD #13 CAPE CORAL FL 33990-4611 US								
					3. Date incorporated or Qualified 07/17/1995	3a. Date of Last Report 05/31/1996				
<i>^/</i>	Place of Business Blod Prendo Blod	, 2a. Mailing Address 26				4. FEI Number 65-0608846		h	pplied For lot Applicable	
Sülte, Apt.		Suite, Apt. #, etc.							Additional	
22 Suje 27 Jule /			······································			5. Certificate of Status Desired	<u> </u>	······································	lequired	
City & Stat	"Cord Fl	City & State				6. Election Campaign Financing Trust Fund Contribution		,	May Be to Fees	
Zip 726	Country	Zip	Countr	у		8. This corporation has hability for	ntangible t	ax under s		
24 539	9. Name and Address of Current	29 Registered Agent	30	····		Florida Statutes 10. Name and Address of New Re				
MAN	ICARE, KHRISTOPHOR		81	N:	ame					
2507 SE 25TH PLACE CAPE CORAL FL 33904			82	≥ St	reet Addre	ss (P.O. Box Number is Not Acceptab	le)			
CAP	E COLAT LE 33204		83	3			·			
			84	C	ty		FL	85 Zip	Code	
office or r	to the provisions of Sections 607.0502 registered agont, or both, in the State of am familiar with, and accept the obliga	of Florida. Such change was a	authorized b	by the	med corpo corporation	oration submits this statement for the pain's board of directors. I hereby accept	urpose of	changing i intment as	its registered registered	
	Signature, typed or printed name of registered agen			gent siç	nature require	d when reinstating)	DATE			
12.	OFFICERS AND	T 50.5-5				ADDITIONS/CHANGES TO OFFIC		DIRECTO:		
TITLE NAME	MANCADE PUDICTODUED		1.1 TITLE 1.2 NAME					Grange	Addition	
STREET ADDRESS	2507 SE 25TH PL		1.3 STREE		HESS					
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY -	S1 - 7 F	, [
TITLE	VS	☐ DELETE 2.1						Change	Addition	
NAME	JASIK JADWIGA		2.2 NAME							
STREET ADDRESS	CARE CODAL EL			1 ADDI						
CITY-ST-ZIP TITLE			2. 4 CITY 3.1 TITLE		<u> </u>		i	Change	Addilion	
NAME			3.2 NAM(•			
STREET ADDRESS			3.3 STREE	T ADD	RESS					
CITY-ST-ZIP			3.4. CITY	- \$1 - 71	P					
TITLE		L] DELETE	4.1 TITLE				ļ	Change	☐ Addition	
NAME	ļ		4 2 NAM							
STREET ADDRESS			4 3 STREI		- 1					
CITY-ST-ZIP TITLE			4.4 CITY - 5.1 TITLE					Change	Addition	
NAME			5.2 NAME				,		•	
STREET ADDRESS	,		5.3 \$1RE6	T ADD	RESS					
CITY-ST-ZIP			5.4 CITY	\$1-20						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	
NAME STREET ADDRESS			6.2 NAME							
CIDEET ANNDERE	1		6.2 C1RF	- L ADD	1 2249				ı	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.4 CITY - ST- ZIP